

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	5	
TOSHIO ICHIZAKI	:) :	Examiner: M.A. Anderson Group Art Unit: 1765	#18 E
Application No.: 09/048,795)	1	MW
Filed: March 27, 1998	;) ;		
For: PRODUCTION APPARATUS AND METHOD FOR MAKING FLUORIDE CRYSTAL AND CRUCIBLE FOR USE IN THAT METHOD) :	Date: July 2, 2001	RECEIVEI JUL 10 20 TC 1700 MAIL
Commissioner for Patents BOX AF Washington, D.C. 20231		,	ED 2021 ROOM

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated January 11, 2001 to and including June 11, 2001. A check in the amount of \$890.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

The Examiner is respectfully requested to amend the above-identified application as follows:

IN THE CLAIMS:

Please cancel Claims 1, 2, 27-34, and 36-44, without prejudice or disclaimer of

07/05/2001 AUCHBAF1 00000076 05046735

890.00 62





Docket No. 35.G2127

TC 1700 MAIL ROOM

In re Application of:

TOSHIO ICHIZAKI

Application No.: 09/048,795

Filed: March 27, 1998

For: PRODUCTION APPARATUS AND METHOD FOR MAKING FLUORIDE CRYSTAL AND CRUCIBLE FOR USE IN THAT METHOD

Examiner: M.A. Anderson

Group Art Unit: 1765

Date: July 2, 2001

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AME	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	**	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 1	MINUS	***	= 0	x \$40 \$80	\$0.00
Fee for Multiple Dependent claims \$135°/\$270			\$0.00			
			TOTAL ADDIT	ONAL FEE		\$0.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$890.00 to cover the fee for a three-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant
	Registration No. 38, 667
30 Ro New	PATRICK, CELLA, HARPER & SCINTO ockefeller Plaza York, New York 10112-3801 mile: (212) 218-2200

Form #120 NY_MAIN 181158 v 1